DOCUMENT RESUME

ED 167 568 TM 006 298

TITLE	SEVTC Assessment Scales for Community Integration of the Severely/Profoundly Handicapped. Part I. Pre-Entry Screening Instrument.
INSTITUTION	Southeastern Virginia Training Center for the Mentally Retarded, Chesapeake, Va.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE	77
GRANT	51-P-15443/3-01
NOTE	31p.; For related documents, see ED 137 991, TM 006 299, and 008 420
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS	*Institutionalized Persons; *Normalization (Handicapped); *Screening Tests; *Self Care Skills; *Severely Handicapped
IDENTIFIERS	Deinstitutionalization; *SEVTC Assessment Scales for Community Integration

ABSTRACT

To promote the deinstitutionalization of mentally retarded individuals, a three-phase assessment prescription system has been developed. It conceptualizes return to the community as a series of transfers from a restrictive non-programmatic environment (phase one) through specialized short-term program-oriented rehabilitation (phase 2) to the least restrictive lively alternatives (phase 3). The Pre-Entry Screening Instrument is designed for time-efficient screening and the selection of appropriate candidates for phase two. The Instrument is used to interview a parent or a staff member who has worked with the individual for at least three months. It uses a criterion referenced response-contingent format. These skill areas are assessed: language, personal hygiene, toilet training, dressing, undressing, table behavior, and gross motor skills. Each of these areas measures individual competence in five specific subskills which are formulated as behavior statements. A skill profile chart summarizes the data gathered on the Instrument. Two accompanying data sheets are used in the interview: a Maladaptive Behavior Checklist, and an Independent Living Checklist. Background information can be collected using other data sheets. The Instrument, all data collection sheets, and instructions for administering and scoring are included. (Author/CP)

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SEVTC ASSESSMENT SCALES FOR COMMUNITY INTEGRATION OF THE SEVERELY/PROFOUNDLY HANDICAPPED

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Part I
Pre-Entry Screening Instrument

TM006 298

This instrument has been developed and validated through a grant funded by Social and Rehabilitation Services, Department of Health, Education and Welfare. Grant Number 51-P-15443/3-01.

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Pre-Entry Screening Instrument

Introduction

The SEVTC ASSESSMENT SCALES FOR COMMUNITY INTEGRATION OF THE SEVERELY/PROFOUNDLY HANDICAPPED are designed as a three-phase assessment/prescription system intended to facilitate program/placement decision making for individuals with mental retardation problems. The ultimate goal of this assessment system is to promote the movement of mentally retarded persons to the least restrictive environment possible. The three-phase model underlying the Community Integration Assessment System conceptualizes return to the community as a series of successive transfers from (1) a restrictive, non-programmatic environment through (2) specialized short-term, program-oriented habilitation facilities to (3) a less restrictive community living alternative. In accordance with this model three criterion-referenced instruments assessing individual competence in critical skill areas specific to readiness for community living have been developed and validated.

The Pre-Entry Screening Instrument is the first in the series of three assessment tools designed to initiate the community integration process by identifying individuals who are most likely to profit from available training services provided by short-term, specialized community facilities. As a screening device, this instrument uses a criterion-referenced, response-contingent approach to assessment in the form of a structured staff/parent interview conducted at the sending environment. To avoid the collection of non-representative information, it is suggested that the person being interviewed have worked with the individual in question for at least three months. If necessary the interview can be conducted by telephone.

Administration

The Pre-Entry Screening Instrument assays the following skill areas:

language (L), personal hygiene (PH), toilet training (TT), dressing (D), undressing (UD), table behavior (TB), and gross motor skills (GMS). Each of these skill areas measures individual competence in five specific subskills which are formulated as behavior statements.

Statement Format

STATEMENT I

The first item in each behavioral area is designed to eliminate interviewing the staff member/parent about skills which the individual is unlikely to accomplish because of physical or mental disabilities. For example, the answer to the question, "Are there any physical limitations which would interfere with talking?", may be that the individual in question has a defect in motor speech skills which prevents him from acquiring verbal skills. In this situation there is no need to continue the interview in the area of language functioning (i.e. "uses conversational speech", "uses words", "uses sentences") because the handicapping condition precludes the individual from verbalizing. If gross physical handicaps do exist, the interviewer blackens the "yes" circle, specifies the type of condition in the rectangular box on the page of the test booklet, and moves to the next skill area. If no severely handicapping physical disabilities exist, the interviewer proceeds to Statement II.

STATEMENT II

The second item is designed to expedite the interview in the event that the individual is proficient in the particular skill area. For example, if the answer to the statement "uses conversational speech" is "true", the three qualifying statements under Statement II (i.e. "no help is needed in making his needs known", "speech is generally clear and distinct", "speech can be understood by a stranger") are read. If a qualifying statement is answered "true",

the interviewer blackens the circle adjacent to the statement. If all three qualifying statements are marked "true", the interviewer goes directly to the next page without presenting statements III, IV, and V. In the event that one of the qualifying statements is answered "false", Statement III is read.

STATEMENT III

The same principle applies to the third item. If the answer to the statement "uses words" is marked "true", it is followed by the three qualifying items (i.e. "has at least ten words in his vocabulary", "can repeat up to three words in a row", "words spoken can be understood by most people"). Once the interview has progressed beyond Statement II, the remaining statements III, IV, and V are always presented.

STATEMENTS IV AND V

These items follow the same format as Statement III. The information gathered on the Pre-Entry Screening Instrument may be summarized on the Skill Profile chart, which yields a composite picture of the person's performance level in the seven behavioral areas.

Additional Data Sheets

In addition to the Skill Profile, two accompanying data sheets are used in the interview. The Maladaptive Behavior Checklist gathers information regarding the type and frequency of inappropriate behaviors, which are categorized as self-stimulatory, aggressive, anti-social, and sexually inappropriate behaviors. The second form, referred to as Independent Living Checklist, assesses the individual's skills in independent functioning capabilities for community living.

The following additional information sheets are provided to collect supplementary information from existing records and by additional questioning of the staff member/parent. The Personal Data Sheet contains information reflecting measured intelligence and vocational history. The Parent Data Sheet gives the

receiving environment some information on parental involvement in terms of number of visits made by the parent to the sending environment as well as the number of visits made to the home by the individual. The Medical Data Sheet contains a brief summary of current medication, special diet, and medical or physical problems. The Program Participation Checklist yields basic descriptive information as well as a record of training programs in which the individual has participated during the previous six months. Finally, the Interviewer Interaction Checklist is intended to guide the interviewer in a brief personal exchange with the individual being assessed. These seven forms, along with the Skill Profile, provide the basic information from which decisions regarding placement and program implementation are made.

Instructions for the Interviewer

Before the interview, read or make the following statement to the person being interviewed:

"Good morning. I am (include name) from (name of facility or agency). I would appreciate your answering a few questions for me about (name of individual). Please answer by giving a yes or no answer except to those questions about physical problems. This interview will only take a few minutes of your time. The information from this interview will be used to determine the best possible placement for (name of individual). In order that accurate decisions can be made concerning (name of individual), please consider your answers carefully. Are there any questions? Now we are ready to begin the interview."

Scoring

Each page in the test booklet provides scoring columns for "yes" and "no" responses. The interviewer simply blackens the circle in the appropriate

column. Upon completion of the interview, the total number of "yes" responses is added for each skill area and the resulting number entered in the box adjacent to "Total Number of 'Yes' Responses" on the bottom of each test page.

The Pre-Entry Screening Instrument is intended as a screening device which maximizes time efficiency. The instrument does not attempt to yield an in-depth picture of the individual, but it does provide survey data for decision making based on analysis of the individual's current skills. Once the individual has been identified as a prospective candidate for intensive, systematic training, the Post-Entry Monitoring Instrument will be administered at the receiving facility. This is a more extensive, observation-based assessment tool which measures individual competence in five behavioral domains: motor development, self-help/independent living, language, cognitive, and socialization. For those individuals who are not immediately transferred following pre-entry screening, the information collected during the interview provides data for program entry at the sending environment.

LANGUAGE

I. Are there any physical handicaps which would interfere with talking?

YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. USES CONVERSATIONAL SPEECH. ○

1. No help is needed in making his needs known. ○
2. Speech is generally clear and distinct. ○
3. Speech can be understood by a stranger. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. USES WORDS. ○

1. Has at least ten words. ○
2. Can repeat up to three words in a row. ○
3. Words spoken can be understood by most people. ○

IV. USES PHRASES. ○

1. Uses at least ten phrases. ○
2. Phrases have meaning. ○
3. Phrases spoken can be understood by most people. ○

V. USES SENTENCES. ○

1. Converses frequently and appropriately with others. ○
2. Generally speaks in complete, meaningful sentences. ○
3. Sentences spoken can be understood by most people. ○

Total Number of "YES" Responses ☐

PERSONAL HYGIENE

I. Are there any physical handicaps which would interfere with washing self?

YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. WASHES SELF WITHOUT ASSISTANCE. ○

1. Face and hands are washed at appropriate times. ○
2. Baths and showers are taken alone. ○
3. Teeth are brushed. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO TO THE NEXT PAGE.

III. WASHES HANDS AND FACE WITHOUT ASSISTANCE. ○

1. No help is needed with the water faucets. ○
2. Uses reasonable amount of soap. ○
3. Dries hands and face after washing. ○

IV. TAKES BATH/SHOWER WITHOUT ASSISTANCE. ○

1. Washes with soap. ○
2. Rinses off soap. ○
3. Dries body after bathing. ○

V. BRUSHES TEETH WITHOUT ASSISTANCE. ○

1. Unscrews toothpaste top. ○
2. Squeezes reasonable amount of toothpaste on brush. ○
3. Brushes teeth well. ○

Total Number of "YES" Responses ☐

TOILET TRAINING

I. Are there any physical handicaps which would interfere with being toilet trained? YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. IS COMPLETELY TOILET TRAINED. ○

1. Does not need to be reminded to go to the toilet. ○
2. No help is needed in undressing, cleaning, and dressing at the toilet. ○
3. Can use a public toilet alone. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. HAS GOOD DAYTIME CONTROL. ○

1. Breaks away from activities to go to the toilet. ○
2. Makes it to the toilet on time. ○
3. Attends to toilet needs without help (dressing, and undressing excluded). ○

IV. HAS GOOD NIGHTTIME CONTROL. ○

1. Wakes up to go to the toilet. ○
2. Makes it to the toilet on time. ○
3. Attends to toilet needs without help (dressing, and undressing excluded). ○

V. GOES TO AND RETURNS FROM TOILET WITHOUT ASSISTANCE. ○

1. Goes to toilet by self. ○
2. Performs all necessary dressing and undressing without assistance. ○
3. Washes hands and returns promptly to former activities. ○

Total Number of "YES" Responses ☐

DRESSING

I. Are there any physical handicaps which would interfere with dressing self?

YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. DRESSES SELF WITHOUT ASSISTANCE. ○

1. No help is needed in putting on clothes. ○
2. No help is needed in zipping, buttoning, or tying. ○
3. Clothes are put on correctly. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. PUTS ON CLOTHES WITHOUT ASSISTANCE. ○

1. Puts on pull-over and front-opened clothing. ○
2. Puts on pants/dresses. ○
3. Puts on shoes (lacing and tying excluded). ○

IV. BUTTONS OR ZIPS CLOTHES WITHOUT ASSISTANCE. ○

1. Uses regular sized buttons. ○
2. Inserts buttons in the proper buttonholes. ○
3. Closes zippers. ○

V. TIES SHOES WITHOUT ASSISTANCE. ○

1. Uses regular shoe laces. ○
2. Forms a bow and tightens it. ○
3. Shoes generally stay tied. ○

Total Number of "YES" Responses ☐

UNDRESSING

I. Are there any physical handicaps which would interfere with undressing self? YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. UNDRESSES SELF WITHOUT ASSISTANCE. ○

1. No help is needed in pulling off clothes (back buttons and zippers excluded). ○
2. No help is needed in unbuttoning, unzipping, or untying. ○
3. Returns clothes to storage (drawer, hanger, hook). ○

IF PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. PULLS OFF CLOTHES WITHOUT ASSISTANCE. ○

1. Pulls off pull-over and front-opened clothing. ○
2. Pulls off pants/dress. ○
3. Pulls off shoes (unlacing and untying excluded). ○

IV. UNBUTTONS OR UNZIPS CLOTHES WITHOUT ASSISTANCE. ○

1. Unbuttons shirts or pants before trying to take them off. ○
2. Opens zippers and snaps. ○
3. Does not get twisted up in clothing when removing it. ○

V. UNTIES SHOES WITHOUT ASSISTANCE. ○

1. Pulls at laces to untie bow. ○
2. Unlaces shoes. ○
3. Pulls foot out of the shoe. ○

Total Number of "YES" Responses ☐

TABLE BEHAVIOR

I. Are there any physical handicaps which would interfere with feeding self? YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. FEEDS SELF WITHOUT ASSISTANCE. ○

1. Feeds self at the table. ○
2. No help is needed in manipulating eating utensils. ○
3. Table behavior is generally acceptable. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. DRINKS FROM A CUP WITHOUT ASSISTANCE. ○

1. No help is needed in holding the cup. ○
2. Lifts the cup off the table to drink. ○
3. Drinks liquid from a cup with little or no spilling or drooling. ○

IV. USES A SPOON. ○

1. Semi-solid foods such as cereals are eaten with a spoon with little or no spilling. ○
2. Liquid foods such as soups are eaten with a spoon with little or no spilling. ○
3. The spoon is filled with one mouthful at a time. ○

V. USES A FORK. ○

1. Separates large-sized foods with a fork. ○
2. Spears bite-sized pieces of food with the fork. ○
3. Directs food on the fork into the mouth without dropping it. ○

Total Number of "YES" Responses ☐

GROSS MOTOR SKILL

I. Are there any physical handicaps which would interfere with walking? YES ○ NO ○

Blacken the appropriate circle and specify the type of disability in the box above.

INSTRUCT THE STAFF MEMBER/PARENT TO ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

II. WALKS CORRECTLY WITHOUT ASSISTANCE. ○

1. No help is needed in sitting. ○
2. No help is needed in standing. ○
3. Is fully capable of sitting, standing and walking alone. ○

IF THE PREVIOUS FOUR QUESTIONS ARE ANSWERED "YES", GO ON TO THE NEXT PAGE.

III. SITS CORRECTLY WITHOUT ASSISTANCE. ○

1. Pulls self to a sitting position and sits alone without help. ○
2. Maintains adequate balance. ○
3. Sits down from a standing position. ○

IV. STANDS CORRECTLY WITHOUT ASSISTANCE. ○

1. Pulls self to a standing position and stands alone without help. ○
2. Maintains adequate balance. ○
3. Stands from a sitting or lying position. ○

V. WALKS CORRECTLY WITHOUT ASSISTANCE. ○

1. No help is needed in walking forward or backward. ○
2. Maintains adequate balance. ○
3. Walks up and down stairs. ○

Total Number of "YES" Responses ☐

ADDITIONAL DATA SHEETS

1. Skill Profile
2. Maladaptive Behavior Checklist
3. Independent Living Checklist
4. Personal Data Sheet
5. Parent Data Sheet
6. Program Participation Checklist
7. Medical Data Sheet
8. Interviewer Interaction Checklist

SKILL PROFILE

Name: Interviewer:

Staff Member/Parent: Date:

PERFORMANCE LEVEL	SKILL AREA						
	LANGUAGE	PERSONAL HYGIENE	TOILET TRAINING	DRESSING	UNDRESSING	TABLE BEHAVIOR	GROSS MOTOR SKILLS
Acceptable Behavior Level IV	Conversational Speech ☐	Washes Self Completely ☐	Completely Toilet Trained ☐	Dresses Self Completely ☐	Undresses Self Completely ☐	Acceptable Table Behavior ☐	Acceptable Motor Behavior ☐
Behavior Level III	Sentences ☐	Teeth ☐	Independent Dressing & Undressing ☐	Ties Shoes ☐	Unties Shoes ☐	Fork ☐	Walks ☐
Behavior Level II	Phrases ☐	Bath ☐	Nighttime Control ☐	Buttons/Zips ☐	Unbuttons/ Unzips ☐	Spoon ☐	Stands ☐
Behavior Level I	Words ☐	Hands & Face ☐	Daytime Control ☐	Pulls on Clothes ☐	Pulls off Clothes ☐	Drinks from Cup ☐	Sits ☐
Physical Disabilities	Specify	Specify	Specify	Specify	Specify	Specify	Specify

MALADAPTIVE BEHAVIOR CHECKLIST

Name: _____ Interviewer: _____

Date: _____

Instructions: Base all answers on behaviors observed within the last month. Place an "X" in the box which indicates the frequency level of the behavior.

	FREQUENCIES		
	More than once a day	Less than once a day	Zero times per day
SELF-STIMULATION			
Bangs head			
Scratches, gouges self			
Bites self			
Rocks back and forth while sitting or standing			
Sucks thumbs or hand			
Picks skin			
Looks at hands or waves them in front of face			
AGGRESSION			
Bites others			
Damages others' property			
Hits others			
Kicks others			
Pinches or scratches others			
Smells others			
Touches others			
Swears or calls names			
INAPPROPRIATE SEXUAL BEHAVIOR			
Attempts inappropriate sexual behavior			
Exposes self			
Masturbates in public			

	More than once a day	Less than once a day	Zero times per day
ANTI-SOCIAL			
Steals others' property			
Eats objects			
Drools			
Has habitual odor			
Urinates or defecates in public			
Vomits excessively			
Attempts to run away			
Has periods of uncontrollable overactive behavior			
OTHER (Specify)			

INDEPENDENT LIVING CHECKLIST

Name:_____ Interviewer:_____

Date:_____

Instructions: Base all answers on behaviors observed within the last month. Record True, False, or Not Observed (T, F, NO) for each behavior.

SOCIAL RELATIONSHIPS

____1. Generally tells the truth.

____2. Gets along well with others on the ward.

____3. Generally obeys rules.

____4. Controls temper.

____5. Is well behaved in a group situation.

SELF-DIRECTION

____1. Pays attention to activities for more than fifteen minutes.

____2. Takes care of personal property.

____3. If hurt, seeks help from the appropriate individual.

____4. Generally looks presentable for work or school.

____5. Responds positively to verbal praise.

TRAVEL ABILITIES

____1. Can use public transportation (specify:_____).

____2. Travels independently around the grounds.

____3. Locates his own residence and other necessary facilities around the grounds.

COMMUNICATION

____1. Can receive and relate simple messages.

____2. Can understand and carry out simple instructions.

____3. Can tell time.

PERSONAL DATA SHEET

Interviewer:_____ Date:_____

Instructions: Acquire information from personal files.

1. Name:_____
(Last) (First) (Middle)

2. Sex:_____ Date of Birth:_____

3. Residential History:

State Facility	Date of Entry	Date of Discharge

4. Standardized Test Scores:

Date	Name of Test	Score

5. Vocational History: Include all past and present work experience, both in facilities for the handicapped and in the community. Star (*) unsalaried positions.

Job Title	Beginning Date	Ending Date	Reason for Leaving

6. Summarize most recent vocational training evaluation, if applicable. Include any scores given.

Date of Evaluation	Summary
_____	_____
	_____
	_____
	_____

Test Scores

Date	Name of Test	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Treatment Recommendation: Summarize most recent evaluation and recommendation for treatment and placement.

Date	Person Making Recommendation	Recommendation

PARENT DATA SHEET

Name:_____ Interviewer:_____

Date:_____

Instructions: Acquire information from staff member, parent or personal files.

Name of legal guardian(s) _____

Relationship to resident _____

Address _____

_____

____*1. Number of parental (or legal guardian mentioned above) visits to the institution within the past six months.

____*2. Number of visits to the institution by siblings, other relatives or friends within the past six months. (List names, relationships, and addresses below:

No. of times visited	Name	Relationship	Address

____*3. Number of letters from parents (or guardian) within the past six months.

____*4. Number of letters from siblings, other relatives, or friends within the past six months.

No. of letters	Name	Relationship	Address

____*5. Number of resident visits to his home within the past six months.

____*6. Number of resident visits to homes other than parent or guardian.

No. of visits	Name	Relationship	Address

7. List below age, occupation, and educational level of parents (or guardian).

	Age	Occupation	Last Grade Completed
Mother	_____	_____	_____
Father	_____	_____	_____
Guardian	_____	_____	_____

8. List any known problems (health, old age, finances, disability, etc.) which would interfere with the parents' (or guardian's) ability to take the resident back into the home.

_____

_____

_____

_____

9. List below names and ages of siblings and/or other relatives living at home.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Not applicable for non-institutionalized individuals.

PROGRAM PARTICIPATION CHECKLIST

Name:_____ Interviewer:_____

Sex:_____ Date of Birth:_____ Date:_____

CHECK BELOW ALL PROGRAMS IN WHICH THE PERSON HAS PARTICIPATED DURING THE PAST YEAR. IF HE OR SHE IS CURRENTLY ENROLLED IN THE PROGRAM INCLUDE A STAR (*) BESIDE THE CHECK.

_____Academic Program

_____Behavior Modification Program

_____Community Adjustment Training

_____Constructive Activity Program

_____Family Planning/Sex Education

_____Foster Grandparents Program

_____Group Therapy

_____Individual Therapy

_____Language Development

_____Motor Skills Development

_____Occupational Therapy

_____Physical Therapy

_____Preschool Program

_____Recreational Therapy

_____Remotivation Program

_____Sensory/Motor Stimulation

_____Sheltered Workshop

_____Speech Therapy

_____Vocational Evaluation

_____Vocational Training

_____Volunteer/Mental Health Worker Assigned

_____Work Adjustment Program

_____Work Placement

_____Other (specify)_____

_____Other (specify)_____

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MEDICAL DATA SHEET

Name:_____ Interviewer:_____

Date:_____

1. What medication is the person on and how frequently is the medication given?

Medication	Frequency
_____	_____
_____	_____
_____	_____

2. Is this person on any special diet? (If yes, what kind?)

_____

_____

_____

3. Does this person have any special medical problems not requiring daily medication (such as heart trouble, asthma)?

_____

_____

_____

INTERVIEWER INTERACTION CHECKLIST

Name:_____ Interviewer:_____

Date:_____

Instructions: After completing the Pre-Entry Screening Assessment, ask the staff member to introduce you to the resident in question. The purpose of your interaction is two-fold. Of primary importance is to gain information regarding the resident's living preference. This is not to imply that the resident's preference will be the basic criterion for placement. However, it is assumed that, particularly in the case of a high-level functioning individual, it is appropriate to include this information. The second reason for this interaction is to gather information about the resident's reaction to a stranger, as well as your first impressions of him/her.

Begin your interaction interview with the following dialogue:

"Hello, my name is _____. I am from _____ and would like to ask you a few questions."

Ask the person the following questions. Record as nearly as possible the answers received.

1. How long have you lived here?_____

2. Do you like living here?_____

3. Do you have friends here?_____

4. Would you like to go to a different place and make new friends?_____

5. Would you be happy or would you be sad to move to another place?_____

On the basis of your interaction with the person, answer the following questions. Write the letter corresponding to the best answer in the blank to the left.

_____1. Individual's style of speech may be best described as:
   a. Clear and intelligible
   b. Slurred
   c. Difficult to understand
   d. Unintelligible
   e. Grunts

_____2. Individual's state of health may be best described as:
   a. Excellent
   b. Good
   c. Fair
   d. Poor

_____3. Individual's overall appearance may be described as (choose as many as apply):
   a. Normal
   b. Can tell he/she is retarded
   c. Has obvious physical disabilities
   d. Appearance might be shocking to some people

_____4. The person's reaction to you, a stranger, may best be described as:
a. Friendly, engages in conversation
b. Friendly, but cannot/does not converse with you
c. Tries to hug or pat you
d. Does not attend to being introduced to a stranger
e. Reacts in an obvious hostile manner
f. Other inappropriate reaction (specify below)

_____

_____

_____5. Based on the answers given to the questions asked of the person, do you feel that the person has strong emotional ties to the present facility which would severely interfere with his/her adjustment to a new setting?
a. Yes
b. No